

STATE OF MARYLAND  
DEPARTMENT OF GENERAL SERVICES  
MARYLAND CAPITOL POLICE

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**Employee Emergency Contact Information**

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**Please print clearly.**

Employee: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
(Full Name)

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ ☐ Home ☐ Work ☐ Cell #  
\_\_\_\_\_ ☐ Home ☐ Work ☐ Cell #  
\_\_\_\_\_ ☐ Home ☐ Work ☐ Cell #

Email: \_\_\_\_\_

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**Emergency Notification Contact Person**

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**Please print clearly.**

Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ ☐ Home ☐ Work ☐ Cell #  
\_\_\_\_\_ ☐ Home ☐ Work ☐ Cell #  
\_\_\_\_\_ ☐ Home ☐ Work ☐ Cell #

Email: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_